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\*\* CONTINUING DATA \*\*\*\*\* *BF* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *B* \*\*\*\*\*  
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY BRAZIL	SHEETS  DRAWING 2	TOTAL  CLAIMS 1	INDEPENDENT  CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE  
 Breast mold

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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